

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083

Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: web@dsps.wi.gov

Website: http://dsps.wi.gov

## MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

### APPLICATION FOR SUBSTANCE ABUSE SPECIALTY AUTHORIZATION

PLEASE TYPE OR PRINT IN INK

☐

Your name and address are available to the public.

Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name

First Name

MI

Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different from above)

Date of Birth

Daytime Telephone Number

month

day

year

( ) -

Ethnic/gender status  
information is optional.

Sex: ☐ M  
☐ F

Ethnic: ☐ White, not of Hispanic origin  
☐ Black, not of Hispanic origin  
☐ Hispanic

☐ American Indian or Alaskan  
☐ Asian or Pacific Islander  
☐ Other

List the Wisconsin Professional Counselor, Marriage and Family Therapist, or Social Work License that you want the specialty added to (only one profession per application). License No. \_\_\_\_\_

☐

I am certified as a substance abuse counselor

Certification number \_\_\_\_\_

If you are certified as a substance abuse counselor DO NOT go any further with this form, sign, date and return this form along with the application fee to the Department.

If you are not certified as a substance abuse counselor, indicate completion of the following requirements and attach the required items:

☐

I have taken and passed the International Certification and Reciprocity Consortium (ICRC) examination on \_\_\_\_\_

OR ☐ I need to register for the ICRC exam.

☐

I have completed at least 1,000 supervised hours of face-to-face client counseling experience with individuals diagnosed with substance use disorders and Form #2712 is complete and attached.

☐

I have completed at least 180 contact hours of substance abuse relevant education including at least 45 hours of education in psychopharmacology and Forms #2713, #2714 are completed and attached.

**APPLICATION FEE:** Please make check payable to Department of Safety & Professional Services and attach to application.

\$ 75.00 Initial Credential Fee for Substance Abuse Specialty Authorization  
(This fee is not required if you hold the specialty authorization under a different credential.)

\$ 115.00\* ICRC Exam fee  
\*(This additional fee is only required if you have not already taken and passed ICRC exam.)

**For Receipting Use Only**

# Wisconsin Department of Safety and Professional Services

## CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

\_\_\_\_\_ a citizen or national of the United States, or

\_\_\_\_\_ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

## ALL APPLICANTS MUST COMPLETE THIS SECTION

### AFFIDAVIT OF APPLICANT

**I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date